L. Electronic Claims Submission

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Supervisory unions submit most of their Medicaid claims electronically using EDS software. This is free software that will be installed by the Medicaid field representative. The following types of School-Based Health Service claims can be submitted electronically:

- Level of Care,
- Annual IEP, and
- 3 Yr. Special Education Reevaluation claims.

The following claims cannot be submitted electronically:

- PNMI
- DME

PRE-BILLING CHECKLIST

In order for a student's IEP services to be billed through the LOC claims process, all of the following must be in place.

1. Verify the student is enrolled in Medicaid
2. Obtain a Release of Information Form signed by the current legal guardian (parent, court appointed legal guardian(s), 18 year old student or blanket DCF consent).
3. Verify that the legal guardian has "given permission" on the IEP to bill Medicaid. Maintain a copy in the Medicaid file.
4. Obtain physician authorization for the IEP services being provided.
5. Maintain a current copy of the IEP cover page and service page in the student's Medicaid file.
6. Obtain a signed Provider Certification Form and copy of licenses/appropriate documentation from all professionals working with the student whose services are Medicaid billable or an Out-Of-District Provider Certification Agreement.
7. Obtain documentation (including progress notes where applicable) for each service billed on the LOC form.

CLAIMS SUBMISSION DEADLINE

All claims must be submitted within six months (183 days) from the beginning date of service.

GENERAL INFORMATION ON CLAIMS

The supervisory union can only submit claims for those students for whom it is legally responsible. The supervisory union can submit claims for students who are legal residents of one of its member school districts, or students who are placed in one of the member school districts by a State agency.

SCHOOL DISTRICT CODES

Claim submissions must include school district codes. A list of school district codes by SU number is included in the Directories section of this manual. The code is four-digits; the first digit is an alpha character (“T”for town district; “U” for union school district; “J” for joint-contract district) and the second, third and fourth digits are numeric. To determine the appropriate school district code, the student’s town of residence and grade level is needed. With those two pieces of information, the chart for the supervisory union will indicate which code to use. This code is used to identify the school district that is legally responsible for the student’s education. This is the way the funds must be distributed unless a different agreement exists.

Supervisory unions can add an optional fifth digit (called a local use code) to the end of the school district code. This digit allows the Department of Education to produce reports showing the amount of claims generated by each local use code. For example, if the supervisory union had agreed to use the funds generated by their Essential Early Education (EEE) program for EEE services, the supervisory union might want to use "E" after the school district code to designate the claims filed for EEE students. This would enable the Department of Education to produce reports showing the amount of claims generated by the EEE program.

SUBMITTING A CLAIM

Claims can be submitted electronically via a computer modem. In case of an emergency, paper claims can be submitted to the Department of Education. **If you need to submit a paper claim please contact your Medicaid field representative for instructions.**

TECHNICAL SUPPORT

Your Medicaid field representative is available to assist you with obtaining and installing the software. Your field representative can also provide training on how to build lists and submit claims. Any problems you may encounter with electronic claims submission can be directed to your field representative or to Technical Services at EDS at 879-4450 (at the prompt select EDI).

PASSWORDS

The PES software requires two passwords. The first password is used to log into the software. This password is unique for each person because the software is loaded onto the hard drive of the computer. The system will prompt you to change the password at a set interval. The second password is the web password. This password is used to log onto the www.vtmedicaid.com website and is loaded into the Batch and Carrier tabs under Options of the billing software. This password needs to be changed every 60 days. To change the password go to www.vtmedicaid.com select Transaction Services, select Production Login, enter the trading partner ID and the current password. The system will prompt to enter a new password. Enter the same password that was already being used. This will eliminate the need to change information in the billing software. If the choice is made to select a different password, the clerk will need to change the web password that was entered on the Batch and Carrier tabs on the Options settings of the billing software.

An expired web password will cause claim submissions to fail.

Electronic Claim Submission Instructions

EDS provides the Provider Electronic Solutions (PES) billing software free to all providers. This software allows supervisory unions to submit IEP, Eval and LOC claims electronically to EDS. Your Medicaid field representative will assist with the installation of billing software upgrades.

Once software is installed, it is necessary to build provider and client lists. These lists reduce the chance of claim denials due to typing errors. Once the lists are built, claim information is entered onto the electronic version of the HCFA 1500 form (also known as the 837 Professional claim form). After claim information is entered a "batch" can be submitted to EDS. It is important to verify that all claims within the "batch" have been successfully submitted. This is done by reviewing the Functional Acknowledgement report and/or the Summary Forms report. The supervisory union will receive a Remittance Advice (RA) from EDS within ten to fourteen days. The RA will show the status of the claim: approved, denied or suspended. (See Manual Section M; Remittance Advice & Follow Up for further details).

The following are step by step instructions on how to create lists, submit claims and view reports.

CREATE A PROVIDER LIST

- Go to Main Tool Bar and select Lists, Provider
- Enter the VT Medicaid Provider 7 digit number (100xxxx) in the “Provider ID” Field
- Enter the 251K00000X in the “Taxonomy code” field
- Enter a “2” in the “Entity Type Qualifier” field
- Enter the name of the SU in the “Last/Org Name” field
- Enter the SU’s tax id# in the “SSN/TAX ID” field
- Enter a “24” in the “SSN/TAX ID Qualifier” field
- Enter the address of the SU
- Click “save”

CREATE A CLIENT (STUDENT) LIST

- At the Main Tool Bar, select Lists, then Client
- Enter the student’s social security number in the “Client ID” and the “Client SSN” fields
- Enter the school’s Medicaid number, town code and local use code in the “Account #” field
- Enter the students name, gender, date of birth, and address into the appropriate fields
- Click “save”
- Click “add” to add another student

PROCEDURE CODE LIST

- At the Main Tool Bar, select Lists, then Procedure/HCPCS
- Enter the 5 digit procedure code
- Enter a description
- Click "save"

MODIFIER LIST

- At the Main Tool Bar, select Lists, then Modifier
- Enter the 2 digit modifier
- Enter a description

- Click "save"

ENTER CLAIMS

- At the Main Tool Bar, select Forms, then select 837 Professional
- Hdr 1 Tab
  - "Claim Frequency" should be "1"
  - Select your provider ID number from the drop down list in the "Provider ID" field
  - Select the student ID from the drop down list in the "Client ID" field
  - Select "C" in the "Patient Signature" field
- Hdr 2 tab
  - Enter the diagnosis code (numbers only; no dots, hyphens or spaces)
- Srv 1 tab
  - Enter "From DOS", "To DOS" (ex 04012004)
  - Enter a "Place of Service" code of "03"
  - Enter the "Procedure" code (ex T1018)
  - Enter the "Modifier 1" (U1, U2, U3, U4 or U5)
  - Enter the "Modifier 2" (Always a UC)
  - In the "Diag Ptr" field enter a "1"
  - Enter a "1" in the units field, unless billing for outliers. For outliers type the number of outlier units.
  - Enter the dollar amount of the claim
  - Click "Save"
  - Once the claim is saved you can either enter a new claim, copy a claim or close the form. To enter a new claim click "add"

READY CLAIMS

- Go to "Reports"
- Click on "Summary Forms"
- Select "837 Professional"
- Under "Form Status" select "Ready" and okay
- The report will appear on the screen

SUBMIT CLAIMS

- Go to Communication Tab on Main toolbar and select "Submission"
- Highlight "837 Professional" and click on "Submit"
- If batch was sent successfully, a prompt will appear "Submission Successful".
  - If the batch is not successful click on "Communications" and "Communications Log" to identify the reason the submission failed.

After you have successfully submitted the 837 Professional Claim Form you need to check the functional acknowledgement report to make sure your claims were accepted. **It is critical to review the claim accept/reject and functional acknowledgment reports to ensure the claims were actually received by EDS.**

FUNCTIONAL ACKNOWLEDGEMENT/CLAIM ACCEPT REJECT

- Go to Communications
- Select Submission
- Highlight Claim Accept/Reject Report and Functional Acknowledgement Report under "Files to Receive"
- Click Submit
- You will receive the "Submission Successful" message
- Close that screen and click on Communications
- Highlight "View Accept/Reject Claim Report--Functional Acknowledgement"
- Open the "ack.ack" and the "sub.sub" files
    - Look for "A-Accepted" or "R-Rejected" about half way down the report. If it reads "A-Accepted" everything is fine. If it reads "R-Rejected" there was a problem with the claims.
    - There is information contained in this report that will tell you where the problem is.
    - Call your field representative if you need help in determining the problem. They will help you find the solution or follow up with EDS.

PRINT A SUMMARY REPORT

- Go to reports
- Click on summary forms
- Select 837 Professional
- Under "Submit Date" enter the date you submitted the claims you want the report for, select OK
- The report will appear on the screen
- Click print

If you experience claim issues please contact your field representative.

DIAGNOSTIC CODES

IF CHILD COUNT CATEGORY IS		COMMON MEDICAID DIAGNOSTIC CODE	
01	Learning Impaired	318.0 319	Moderate Mental Retardation Unspecified Mental Retardation
02	Hearing Impaired	389.9	Unspecified Hearing Loss
03	Deaf	389.7	Congenital Deafness
04	Speech/Language Impaired	315.31	Developmental Language Disorder
05	Visually Impaired	369.9	Unspecified Visual Loss
06	Emotional-Behavioral Disorder	300.9 300.10 301.0 307.1 309.21 312.9 783.6	Emotional Disorder/Upset Neurotic Disorder Hysteria NOS Paranoid Personality Anorexia Nervosa Separation Anxiety Unspecified Conduct Disturbance Bulimia Polyphagia
07	Orthopedically Impaired	315.8	Other Specified Development Delays
08	Other Health Impairments	315.9 493.20 314.00 314.01 314.8 314.9 780.71 780.79	Unspecified Development Delay Chronic Obstructive Asthma Attention Deficit Disorder Attention Deficit with Hyperactivity Unspecified Hyperkinetic Syndrome Hyperkinetic Syndrome Chronic Fatigue Chronic Fatigue Malaise and Fatigue
09	Specific Learning Disability	315.2 315.00 315.01 315.02 784.61	Other Specific Learning Disability Reading Disorder, Unspecified Alexia Developmental Dyslexia Alexia and Dyslexia
10	Deaf-Blind	300.11 369.9 389.9	Conversion Disorder Emotional/Functional Unspecified Visual Loss Unspecified Hearing Loss
11	Multi-Handicapped	088.81 343.9 741.90 758.0 759.89 784.60	Lyme Disease Unspecified Cerebral Palsy Spina Bifida Down's Syndrome Other Specified Congenital Anomalies Symbolic Dysfunction NOS
12	Developmentally Delayed	315.5 315.9 783.40	Mixed Development Disorder Unspecified Development Delay Lack of Normal Physiological Development
13	Traumatic Brain Injury	292.9 310.9 345.90	Unspecified Drug Mental Disorder Unspecified Non-Psychotic Brain Syndrome Unspecified Epilepsy
14	Autism	299.00	Infantile Autism (Childhood)

*Note--The above is a list of common diagnosis codes. This list in no way limits the diagnosis that can be billed.